FORM D

Name of Offering

129095

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

(check if this is an amendment and name has changed, and indicate change.)

ОМВ АРРЕ	ROVAL
OMB Number:	3235-0076

OMB AFFI	WAL
OMB Number:	3235-0076
Expires: Ma	arch 31, 1991
Estimated avera	ge burden
hours per respo	nse 16.00

SEC USE ONLY										
Prefix		Serial								
DA	TE RECEIN	/ED								

SUSAN ROBERTS COSMETICS INC.		SECENTEDES
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	☐ Section 4(6) ☐ ULOE	
Type of Filing: XNew Filing		VI 3 200A
A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer	Yugh.	
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)	187 /39/
SUSAN ROBERTS COSMETICS INC.		
•	elephone Number (Including	Area Code)
441 NW 76 Ave. Bldg. 72, Margate, FL 33063	954-970-4469	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	elephone Number (Including	Area Code)
Brief Description of Business	jaal jak jaka aka kata atan on	TE MENE MICE MILES !
Music Industry	040298	391
Type of Business Organization		
xx corporation	other (please specify):	DDOCESSEL
☐ business trust ☐ limited partnership, to be formed	(France of com.),	PROCESSED
Month Year	(1	MAY 20 too
Actual or Estimated Date of Incorporation or Organization: 07 0 1	Actual Estimated	THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbi	eviation for State:	FINANCIAL
CN for Canada; FN for other foreign jui		ni -
	isdiction)	EJ
GENERAL INSTRUCTIONS	isdiction)	
Federal:		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption undet seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities.	er Regulation D or Section 4(6	deemed filed with
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption undet seq. or 15 U.S.C. 77d(6).	er Regulation D or Section 4(6 es in the offering. A notice is ived by the SEC at the addre	deemed filed with ss given below or,
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption undet seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is rece	er Regulation D or Section 4(6 es in the offering. A notice is ived by the SEC at the addre I States registered or certified m	deemed filed with ss given below or,

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts

signed must be photocopies of the manually signed copy or bear typed or printed signatures.

A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



		В																		

2. Enter the information requested for the following:

Business or Residence Address

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply:

 Promoter

 Beneficial Owner XX Executive Officer M Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Susan Roberts Business or Residence Address (Number and Street, City, State, Zip Code) 441 NW 76 Ave. Bldg 72, Matgate, FL 33063 Check Box(es) that Apply:

 Promoter □ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ General and/or Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual)

(Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMAT	ION ABO	UT OFFE	RING					
1. Has th	ne issuer so	ld, or doe	s the issue	er intend to	o sell, to n	on-accred	ited invest	ors in this	offering?		· · · · · · · · ·	Yes ⊠	No C
_			Ansv	wer also in	Appendix	, Column	2, if filing	g under UI	LOE.				
2. What	is the mini	mum inve	stment tha	at will be a	ccepted fr	om any in	dividual?					s	10
												Yes	No
	the offering												
sion o to be list th	the informa r similar rer listed is an e name of t aler, you m	nuneration associated the broker	o for solici person or or dealer.	tation of p agent of a If more t	urchasers i a broker o han five (5	n connecti r dealer re i) persons	on with sal gistered wi to be listed	les of secur th the SEC 1 are assoc	ities in the and/or w	offering. I vith a state	f a persor or states.) ,	
Full Name	(Last name	e first, if i	ndividual)										
Business or	Residence	Address ((Number a	and Street,	City, Stat	e, Zip Co	de)						
Name of A	ssociated I	Broker or	Dealer	····	•								
States in V	Vhich Perso	n Listed 1	Has Solici	ted or Inte	ends to Sol	licit Purch	asers						
	'All States'						450.0					□ All	States
•						CTI		(DC)		1043			
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] - [MA]	{ FL } { MI }	[GA] [MN]	{ H! } {MS}	[ID [MO	
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA	•
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	•
	(Last nam		individual)									
)	\	•		,									
· <u>.</u> 2													
Business o	r Residence	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)						
		<u> </u>	<u> </u>							· · · · · · · · · · · · · · · · · · ·			
Name of A	Associated	Ricket of	Dealer										
States in '	Which Pers	on Listed	Has Solic	ited or Int	ends to Sc	olicit Purch	nasers			~			
(Check	"All States	or chec	k individu	al States)				• • • • • • • • •					States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	PMA]	[MI]	[MN]	[MS]	[M(
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH]	[OK]	(OR)	[PA	
	e (Last nan								[WV]	[[[]	[WY]	[PF	
Business o	or Residence	e Address	(Number	and Street	t, City, Sta	ate, Zip C	ode)		,			· · · · · · · · · · · · · · · · · · ·	
Name of	Associated	Broker or	Dealer										
States in	Which Per	son Listed	Has Solid	ited or In	tends to Se	olicit Purc	hasers						
(Check	"All State	s" or chec	k individu	ial States)							<i></i>		l States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1[0]
IL]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P	K J

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price	A		t Already old
	Debt	s00_	\$.00
	Equity EXCHANGE 9,804,295 COMMON SHARES	<u>9804.30</u>	S	980	4.30
	X⊠ Common □ Preserred				
	Convertible Securities (including warrants)	22	\$;	.00
•	Partnership Interests	so	. 2	;	.00
	Other (Specify)	s <u>.00</u>	2	;	.00
	Total	s.9804.30.	. 5	<u>.</u> 980	4.30
	Answer also in Appendix, Column 3, if filing under ULOE.		•		
2	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Dollar	regate Amount irchases
	Accredited Investors	.00	. :	\$.00
	Non-accredited Investors	963	. :	<u>980</u>	4.30
. ~	Total (for filings under Rule 504 only)	963	-	<u> 980</u>	4.30
3	Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering	Type of Security			Amount Sold
	Rule 505		_	s	.00
	Regulation A		_	\$	
	Rule 504 ,	Common		s980	4.30
	Total			980	4.30
,	4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-		
	Transfer Agent's Fees	C	3	s	.00
	Printing and Engraving Costs		כ	<u>s110</u>	0.00
	Legal Fees	C	ב	s <u>300</u>	0.00
	Accounting Fees		3	s <u>170</u>	0.00
	Engineering Fees	C)	s	.00
	Sales Commissions (specify finders' fees separately)	C	3	s	.00
0	Other Expenses (identify) PRINTING & MAILING	C	נ	s 97	0.00
	Total		2	s <u>677</u>	0.00

January Commence

(S)	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND	USE	OF PROCEEDS		
tion	Enter the difference between the aggregate offering and total expenses furnished in response to Polysted gross proceeds to the issuer."	art C - Question 4.a. This difference	is the		s <u>303</u>	4.30
use esti	icate below the amount of the adjusted gross production for each of the purposes shown. If the amount mate and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth in	t for any purpose is not known, furni The total of the payments listed must	ish an cqual			
****	i	Tropolise to Fall & Question 1.0 b		Payments to Officers, Directors, & Affiliates	,	nents To
	Salaries and fees	• • • • • • • • • • • • • • • • • • • •	_ s_	.00	O S	.00
	Purchase of real estate	••••	. 🗆 s.	.00	O \$.00
	Purchase, rental or leasing and installation of n	nachinery and equipment	. 🗆 S.	.00	C s	.00
٠	Construction or leasing of plant buildings and	facilities	. O s.	.00	C s	.00
	Acquisition of other businesses (including the voffering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another	. 🗆 \$.	.00	O S	.00
	Repayment of indebtedness		. 🗆 s	.00	O \$.00
	Working capital	•••••	. 🗆 s	00	o s 30	34.30
	Other (specify):		_ 🗆 s	.00	□ s	.00
			_	•		
			. 🗆 s		O s	
	Column Totals	••••••	. 🗅 s	.00	□ <u>s_30</u>	34.30
)	Total Payments Listed (column totals added).		•	□ s <u>3</u>	034.30	
8 7 8 15. San 1	Ĺ). FEDERAL SIGNATURE	ografi Malada, oraș		 	e de la compania del compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del compania
OHOW	suer has duly caused this notice to be signed by ing signature constitutes an undertaking by the is of its staff, the information furnished by the iss	ssuer to furnish to the U.S. Securities a	and Exc	change Commis	cion unon	written re-
ssuer	(Print or Type)	Signature		Date		
SUS	SAN ROBERTS COSMETICS INC.	Susan Robert	9	E. J.	-15-6	= PC
Vame	of Signer (Print or Type)	Title of Signer (Print or Type)				
SUS	SAN ROBERTS	PRESIDENT				

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1. Is any party described in 17 CFR 230.252(c), (d)	, (c) or (f) presently subject to any of the disqua	dification provisions Yes No
of such rule?		······ 🗅 🕅
Sec App	endix, Column 5, for state response.	
2. The undersigned issuer hereby undertakés to fúrir Form D (17 CFR 239.500) at such times as requ	· · · · · · · · · · · · · · · · · · ·	ich this notice is filed, a notice on
3. The undersigned issuer hereby undertakes to furr issuer to offerees.	nish to the state administrators, upon written requ	uest, information furnished by the
4. The undersigned issuer represents that the issuer limited Offering Exemption (ULOE) of the state of this exemption has the burden of establishing	in which this notice is filed and understands that	
The issuer has read this notification and knows the coundersigned duly authorized person.	ontents to be true and has duly caused this notice	e to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
SUSAN ROBERTS COSMETICS INC.	Susan Roberts	4-15-04
Name (Print or Type)	Title (Print or Type)	

President

Instruction:

Susan Roberts

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

- 1		2	3	<u> </u>		4			5
,	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item!)		Type of amount pur (Part	under Sta (if yes, explana waiver	ification ate ULOE attach attion of granted) -Item1)		
State	Yes	No	COMMON	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes_	No
AL		NO							ИО
AK		NO							NO
AZ		NO				3	.30		NO
AR		NO							NO
CA		ИО				11	2.00		ИО
СО		NO				3	.30		NO
СТ		NO				8	1.75	-	ИО
DE		_NO							NO
DC		NO							NO
FL		NO				43	6.27		ИО
\bigcirc_{DA}		NO				11	.10		NO
н		NO							NO
ID		МО							NO
IL		ИО				2	1.59		NO
או		NO							NO
IA	_	NO_							NO
KS		NO							ИО
KY		NO				1	.24		NO
LA		- NO							ИО
ME		NO							NO
ME)	NO			:	6	.98		NO
M.A		NO				9	4.70		NO
MI		NO							NO
MA	1	NO							NO
15		NO							NO
NIC		NO							NO

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$-\sqrt{1}$		2	3			4		1	5
		to sell	Type of security and aggregate					under Sta (if yes,	ification ate ULOE attach
1	investor.	ccredited s in State	offering price offered in state		amount pur	investor and chased in State	!	waiver	ation of granted)
	(Part B	-Item I)	(Part C-Item1)	Number of	(Part	C-Item 2) Number of		(Рап Е	-Item1)
Stat	e Yes	No	COMMON	Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
MI		NO							NO
NE		NO							NO
N.V		NO							NO
NH		NO				1	.10		NO
נא		NO				15	2.93		NO
NN		NO		•					NO
NY		NO				817	9650.38		NO
NC		ИО			! 	1	.10		ИО
ND		NO						· · · · · · · · · · · · · · · · · · ·	NO
OH		NO				8	68.88		NO
Lok		NO				1	.24		NO
OR		МО				1	.10		NO
PA	_	NO				13	3.40	<u>:</u>	NO
RI		NO				1	.10		NO.
sc	_	NO				1 .	.10		NO
SD	_	ИО							NO
TN		NO				1	.10		NO
TX		NO				5	.88		NO
UT.	-	NO					· !		ИО
VI		ИО				1	.10	-	NO
VA		ИО				2	2.51		NO
WA		NO				5	52.52		МО
11.1		NO							NO
WI		NO							NO
(J)		ИО							NO
PR		NO							ИО